

03-16-01

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PTO S. 111
09/808912

10/1/00

Please type a plus sign (+) inside this box → ☐Approved for use through 09/30/2000. OMB 0651-0032
Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.UTILITY
PATENT APPLICATION
TRANSMITTAL

(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))

Attorney Docket No. K05 0002P

First Inventor or Application Identifier Philip KOSSIN

Title AKPROOF UNDERWATER DIGITAL CAMEF

Express Mail Label No. ET045862955US

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

1. ☒ Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original and a duplicate for fee processing)
2. ☒ Specification [Total Pages 41]
(preferred arrangement set forth below)
- Descriptive title of the Invention
 - Cross References to Related Applications
 - Statement Regarding Fed sponsored R & D
 - Reference to Microfiche Appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
3. ☒ Drawing(s) (35 U.S.C. 113) [Total Sheets 9]
4. Oath or Declaration [Total Pages]
- a. ☒ Newly executed (original or copy)
- b. ☐ Copy from a prior application (37 C.F.R. § 1.63(d))
(for continuation/divisional with Box 16 completed)
- i. ☐ DELETION OF INVENTOR(S)
Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).

NOTE FOR ITEMS 1 & 13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).

ADDRESS TO:

Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231

5. ☐ Microfiche Computer Program (Appendix)
6. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
- a. ☐ Computer Readable Copy
- b. ☐ Paper Copy (identical to computer copy)
- c. ☐ Statement verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

7. ☐ Assignment Papers (cover sheet and document(s))
8. ☐ 37 C.F.R. §3.73(b) Statement of Power of Attorney (when there is an assignee)
9. ☐ English Translation Document (if applicable)
10. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
11. ☐ Preliminary Amendment
12. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
- * Small Entity ☐ Statement filed in prior application, Status still proper and desired (PTO/SB-09-12)
13. ☐ Certified Copy of Priority Document(s) (if foreign priority is claimed)
14. ☐ Other: _____
15. ☐ Other: _____

16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment

☐ Continuation ☐ Divisional ☒ Continuation-in-part (CiP) of prior application No. 09 333,825

Prior application information Examiner TBD Group / Art Unit TBD

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

17. CORRESPONDENCE ADDRESS

☐ Customer Number or Bar Code Label (Insert Customer No. or Attach bar code label here) or ☒ Correspondence address below

Name	FUESS & DAVIDENAS			
Address	10951 Sorrento Valley Road			
	Suite II-G			
City	San Diego	State	CA	Zip Code 92121-1613
Country	US	Telephone	858 452 8293	Fax 858 452 6035

Name (Print/Type)	William C. Fuess		Registration No. (Attorney/Agent)	30,054
Signature	<i>William C. Fuess</i>		Date	

Burden Hour Statement. This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231

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PTO/SB/17 (11-00)

Approved for use through 10/31/2002 OMB 0651-0032

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$ 400

Complete if Known

Application Number _____
Filing Date March 14, 2001
First Named Inventor Philip KOSSIN
Examiner Name _____
Group Art Unit _____
Attorney Docket No. UCSD 99-118

METHOD OF PAYMENT

1. ☐ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number _____
Deposit Account Name _____

☐ Charge Any Additional Fee Required

Under 37 CFR 1.16 and 1.17

☐ Applicant claims small entity status

See 37 CFR 1.27

2. ☒ Payment Enclosed:

☒ Check ☐ Credit card ☐ Money Order ☐ Other

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Small Entity

Fee Fee Fee Fee Description

Code (\$) Code (\$) Code (\$) Code (\$)

101 710 201 355 Utility filing fee

106 320 206 160 Design filing fee

107 400 207 245 Plant filing fee

108 710 208 355 Reissue filing fee

114 150 214 75 Provisional filing fee

Fee Paid

355

SUBTOTAL (1) (\$)

2. EXTRA CLAIM FEES

Extra Claims Fee from below Fee Paid
Total Claims 25 -20** = 5 x 9 = 45
Independent Claims 3 -3** = 0 x 0 = 0
Multiple Dependent 0 = 0 = 0

Large Entity Small Entity

Fee Fee Fee Fee Description

Code (\$) Code (\$) Code (\$) Code (\$)

103 18 203 9 Claims in excess of 20

102 80 202 40 Independent claims in excess of 3

104 270 204 135 Multiple dependent claim, if not paid

109 80 209 40 ** Reissue independent claims over original patent

110 18 210 9 ** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$ 400

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Small Entity

Fee Fee Fee Fee Description Fee Paid

Code (\$) Code (\$) Code (\$) Code (\$)

105 130 205 65 Surcharge - late filing fee or oath

127 50 227 25 Surcharge - late provisional filing fee or cover sheet

139 130 139 130 Non-English specification

147 2,520 147 2,520 For filing a request for ex parte reexamination

112 920* 112 920* Requesting publication of SIR prior to Examiner action

113 1,840* 113 1,840* Requesting publication of SIR after Examiner action

115 110 215 55 Extension for reply within first month

116 390 216 195 Extension for reply within second month

117 890 217 445 Extension for reply within third month

118 1,390 218 695 Extension for reply within fourth month

128 1,890 228 945 Extension for reply within fifth month

119 310 219 155 Notice of Appeal

120 310 220 155 Filing a brief in support of an appeal

121 270 221 135 Request for oral hearing

138 1,510 138 1,510 Petition to institute a public use proceeding

140 110 240 55 Petition to revive - unavoidable

141 2,400 241 620 Petition to revive - unintentional

142 1,240 242 620 Utility issue fee (or reissue)

143 440 243 220 Design issue fee

144 600 244 300 Plant issue fee

122 130 122 130 Petitions to the Commissioner

123 50 123 50 Processing fee under 37 CFR 1.17(q)

126 180 126 180 Submission of Information Disclosure Stmt

581 40 581 40 Recording each patent assignment per property (times number of properties)

146 710 246 355 Filing a submission after final rejection (37 CFR § 1.129(b))

149 710 249 355 For each additional invention to be examined (37 CFR § 1.129(b))

179 710 279 355 Request for Continued Examination (RCE)

169 900 169 900 Request for extended examination of a design application

Other fee (specify) _____

SUBTOTAL (3) (\$)

**or number previously paid, if greater. For Reissues, see above.

*Reduced by Basic Filing Fee Paid

SUBMITTED BY

Name (Print/Type) William C. Fuess Registration No. 30,054 Complete (if applicable)
Signature *William C. Fuess* (Attorney/Agent) Telephone 858 452 8293
Date March 14, 2001

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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